

An Introduction to the Office of Substance Abuse and Mental Health Services Maine DHHS

Legislative Orientation
Prepared for the
128th Legislative Session
January 2017



Department of Health
and Human Services

*Maine People Living
Safe, Healthy and Productive Lives*

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

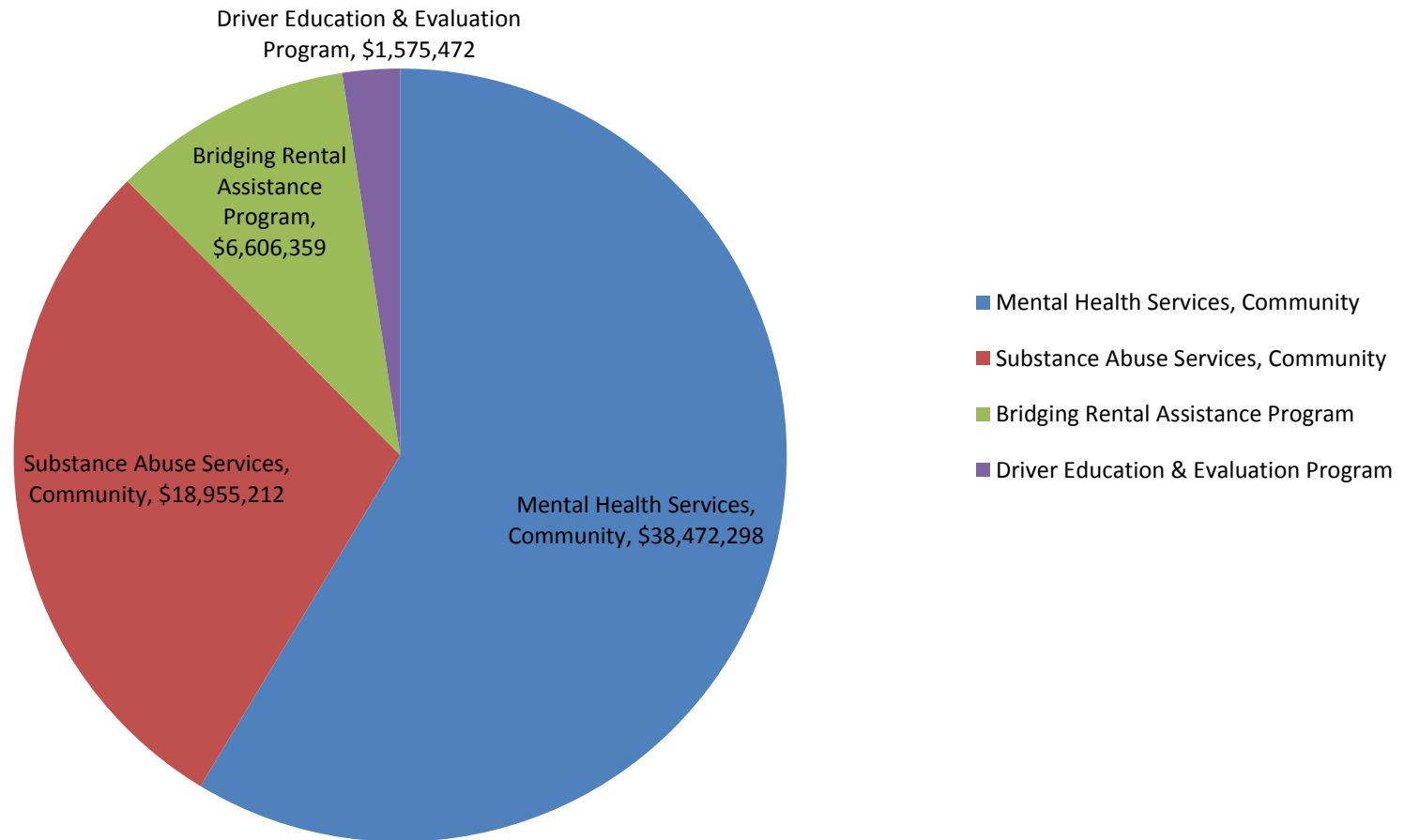
Office of Substance Abuse and Mental Health Services – Sheldon Wheeler, Director

SAMHS mission is to promote appropriate access to efficient and effective substance abuse and mental health services to achieve improved outcomes for those with substance use disorders and mental illness.

The Office At A Glance

Positions:	96
SFY'16 Expenditures:	\$65,609,341

SAMHS: SFY '16 Expenditures by Major Appropriation



SAMHS: Our Services and Programs

Intervention Services: Intervention Services consist of active and effective engagement in a person's life to mitigate or prevent higher levels of care becoming necessary. The National Safety Council has recognized Maine as one of only five states in the country to be making progress in addressing America's drug epidemic.

Recovery Services: Recovery Services represent a comparatively small yet increasingly important array of supports promoted by DHHS. In particular, Peer Services have been demonstrated to be both cost-effective and results oriented as necessary elements in the journey to recovery from substance abuse and mental health illnesses.

Treatment Services: DHHS has actively re-shaped the delivery of several core services through implementation of nationally recognized Evidence Based Practices via rule-making. All Treatment Services funded by SAMHS utilize the MaineCare rate and associated rules.

Intervention Services:

Crisis Intervention/Resolution Services

These are immediate crisis oriented services with the goal of reducing acute emotional disturbances and to ensure the safety of consumers. These services provide: 24/7 Crisis Telephone Line, Mobile Outreach and Residential services in collaboration with The Office of Child and Family Services and the Office of Aging and Disability Services.

Forensic Intensive Case Management Team

State staff provide assistance to incarcerated persons in jails and prisons to re-enter the community with appropriate supports which are demonstrated to reduce recidivism.

Intervention Services:

Prescription Monitoring Program (PMP):

Maine's PMP web based prescriber reporting system that monitors prescribing practices and informs licensed treatment providers. The system was created to prevent and detect prescription drug misuse, abuse, and diversion. According to the CDC in Atlanta, Maine has recently ranked #1 in the country for per capita long acting/extended release opioid prescriptions.

Maine's landmark PMP legislation, passed in 2016, tackles both the opiate and related heroin crisis head on with new focus on prescriber education, training, information, and enforcement.

Driver Education and Evaluation Program (DEEP):

Maine's therapeutic countermeasure that address the high risk behaviors in effort to prevent future offenses and drug/alcohol related crashes. In SFY 16, the call center staff received 32,337 calls from clients and providers; a total of 3,852 participants completed the education program, and an additional 1,323 participated in substance abuse counseling or completion of a treatment program.

Recovery Support Services:

SAMHS provides avenues for the support of people in their own efforts to manage and overcome mental health conditions and substance use disorders as they rebuild their lives and move forward in recovery. These services include:

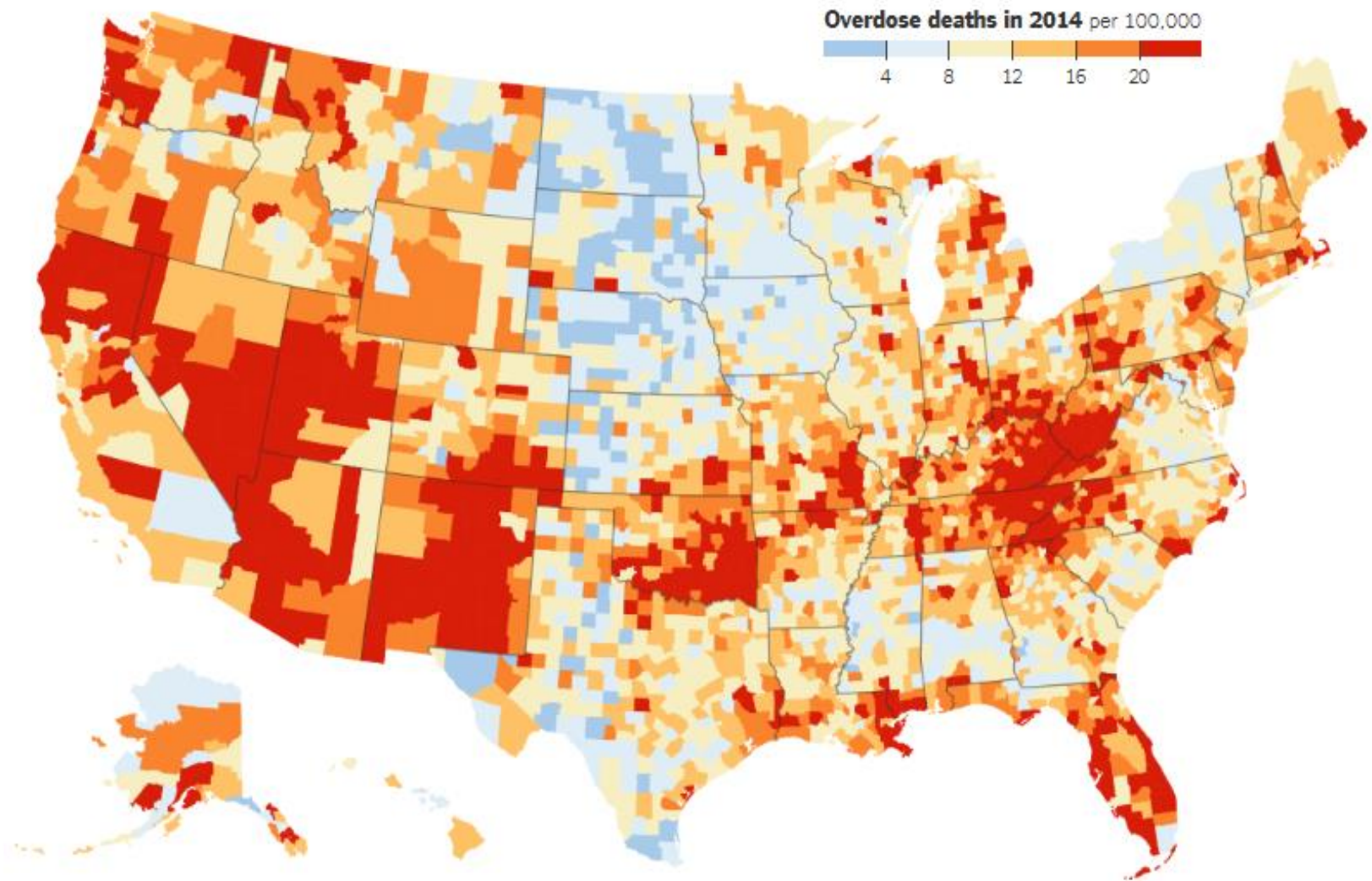
- ✓ MH Peer Recovery Centers
- ✓ SA Peer Recovery Centers
- ✓ Peer Run Warm Line Services – an alternative to crisis services
- ✓ Intentional Peer Support Training and Certification Program
- ✓ Peer Support in Emergency Departments
- ✓ Peer Recovery- Based Training to train peer group facilitators

Treatment Services:

Some of the treatment services funded and provided by the SAMHS include:

- ✓ Crisis intervention services
- ✓ residential treatment services
- ✓ shelter services
- ✓ case management
- ✓ behavioral health home services
- ✓ supported employment services
- ✓ medication management and medication assisted treatment services
- ✓ ambulatory detoxification services
- ✓ outpatient and intensive outpatient services
- ✓ state forensic evaluations

SAMHSA: Combating Addiction



SAMHS: Combating Addiction

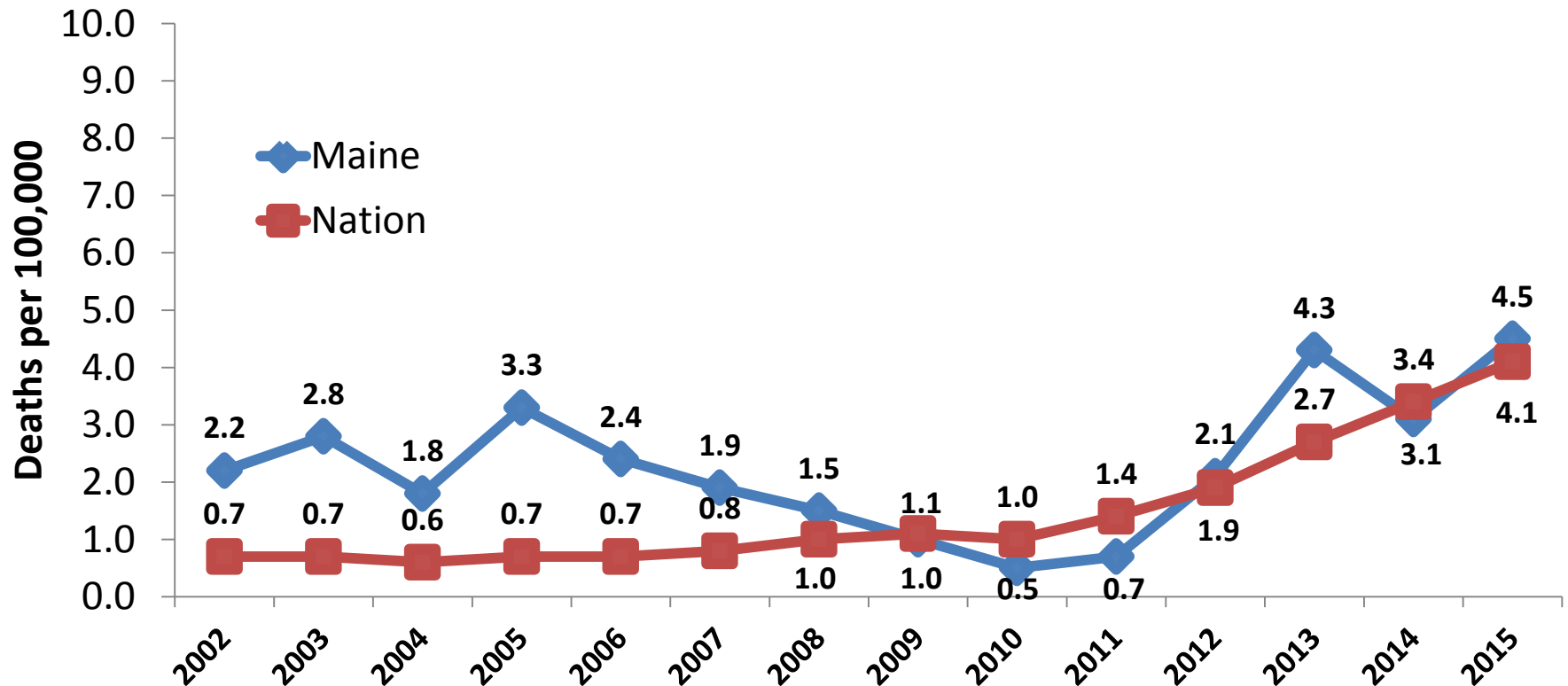


In Maine, over **80 Million** Opioids were dispensed in 2014.

According to the CDC
Maine was the #1
state in per capita long
acting/extended
release opioid
prescriptions in 2012.

SAMHS: Combating Addiction

Heroin-Related Death Overdoses, Maine vs. Nation: 2002-2015



Source, National Data: USCDC; Multiple Cause of Death Files from the National Vital Statistics System, 2002-2013.

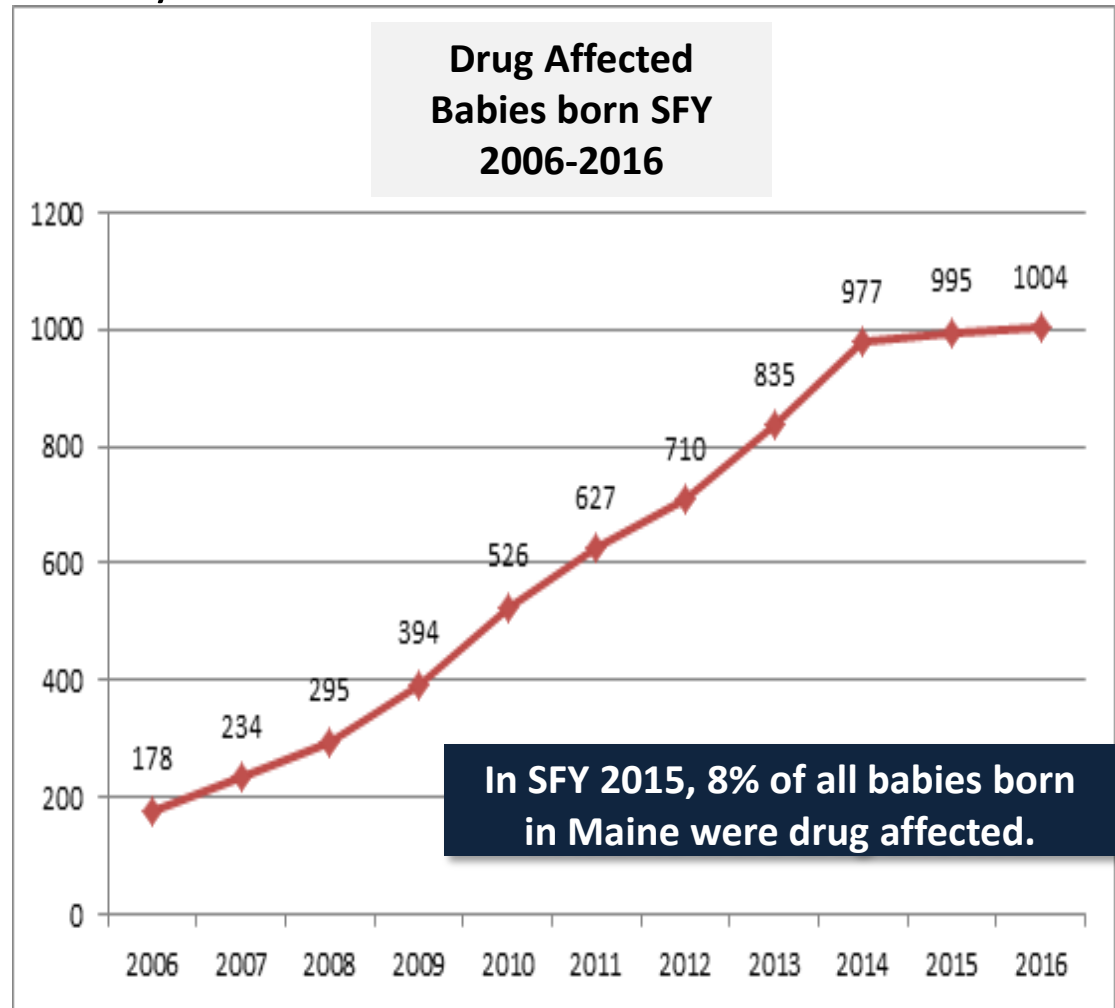
Source, Maine Data: Maine Department of Health and Human Services, Office of Research, Data and Vital Statistics

SAMHS: Combating Addiction

Number of Drug Affected Baby Notifications in Maine: 2006-2016

In 2006, there were a total of **178** reports of Drug Affected Babies and **1,004** in 2016.

According to the CDC data on Neonatal Abstinence Syndrome, in 1999 Maine had an incident rate of 1.1 per 1,000 and in 2012 that rate had climbed to 30.4 per 1,000. Further, an estimated 80% of hospital charges for NAS are covered by state Medicaid programs.



Source: Office of Child and Family Services (OCFS),
Maine Automated Child Welfare Information System (MACWIS).

Major Initiatives FY16: Combating Alcoholism and Opioid Use Disorders

- Landmark Prescription Management Program legislation passed in 2016
- Increase capacity to Medication Assisted Treatment, Outpatient and Intensive Outpatient services by 1,500 persons: specifically including rural access in 2016
- Increase Substance Abuse funding by \$3 Million over FY16 Baseline budget
- Development of a Social Detox Center with capacity to serve 760 individuals in the Bangor region
- Development of the Adult Drug Court in Penobscot County
- New Peer Recovery Centers statewide under development
- Women's Residential facility with 10 beds for women and their children
- Vivitrol pilot planned through partnerships with a Community Provider, Law Enforcement (Sherriff Morton—Penobscot County Jail)
- Expansion of the 24/7 211 help line for connecting pregnant women to substance abuse treatment services. Adding Texting capacity to the 211 system soon.
- Increased funding for Evidence Based Practices, specifically Medication Assisted Treatment, treatment that is proven effective in combating addiction.

The Department has made significant strides towards Consent Decree compliance.

- Waitlists have dropped 76% in the last 18 months from 446 to 107.
- Systems are in place to monitor new rules around timely access to services (aka 7-Day rule for Community Integration).
- Policies and tools (ANSA) are ready to better define acuity and match consumer needs with timely resources.
- Progress includes a recent Order from the Court Master eliminating 63 standards which allows the entire system to better focus on fewer Core standards impacting people's lives.

SAMHS: Quality of Care

SAMHS is **developing** and **implementing** policy that ensures, **evidence based practices are used, the appropriate care is provided and the care is integrated across programs.**

- Section 17: In addition to the 7-Day rule mentioned earlier, substantial edits include implementation of a functional diagnostic tool used to more accurately assess consumer needs and better defining acuity by matching up the right service to meet the right diagnosis.
- Section 92: Behavioral Health Home initiative has helped support the long awaited integration of health care and mental health. In just the last 6 months, 2,592 persons have taken advantage of BHH services providing them much more access to traditional Primary Care through pro-active, deliberate, linking of behavioral health with physical health care.
- Section 65: Stricter mandates in providing concurrent behavioral health therapies with the administration of Suboxone through an Opiate Treatment Provider.
- Prescription Monitoring Program: Implementation of Landmark legislation which has been passed in Maine, known as the Act to Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program. The new statute brings accountability to the entire system from prescribers to patients.

SAMHS: Leveraging Information Technology

According to a recent report from MAP Health Management:

“The field of behavioral health has fallen woefully behind other medical specialties. Empirical outcomes data, a common tool to help inform best practices for a myriad of measures, is lacking in the treatment of Substance Use Disorders, and other behavioral illnesses. This lack of outcomes data has contributed to a less than positive reputation particularly in the addiction treatment industry. Consumers and health insurance payers have a lack of confidence in current treatment models due to the fact that providers have not been able to effectively demonstrate treatment outcomes – something unacceptable in other aspects of healthcare delivery.”

SAMHS is moving towards secured and shared systems by and between funding sources for the same service—across DHHS offices as appropriate for quality and financial management. Such IT enhancements will provide a foundation for better informed policy making and more rapid and accurate consumer engagement in the most appropriate services.

SAMHS:

